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APPLICANTS

Allan L. Green, Tamarac, FL;  
 Michael Anthony, Coral Springs, FL;

\*\* CONTINUING DATA \*\*\*\*\*  
*no*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*no*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 18	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
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Verified and Acknowledged  
 Examiner's Signature: *Michael Miller* Initials: *MM*

ADDRESS  
 Mark D. Bowen  
 Stearns Weaver Miller Weissler,  
 Alhadeff & Sitterson, P.A.  
 200 East Broward Boulevard, Suite 1900  
 Fort Lauderdale, FL  
 33301

TITLE  
 Diabetic toe separators

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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